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LEWES BOROUGH COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1964.



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LEWES BOROUGH COUNCIL

HEALTH COMMITTEE

CONSTITUTION AT 31st. DECEMBER, 1964.

Chairman:	Councillor G. R. Burfield
Vice-Chairman:	Councillor J. G. Hoile
The Worshipful The Mayor:	Councillor A. C. Barber J.P.
	Alderman H. A. Baker
	Alderman J. C. E. Buckwell
	Alderman S. W. Crees
	Alderman A. F. Hayward
	Councillor M. S. Breese
	Councillor K. C. Day
	Councillor W. F. Fuller
	Councillor J. R. Kellam
	Councillor J. Perkins
	Councillor H. D. Shepherd
	Councillor Miss B. Temple
	Councillor D. G. Williams

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. from
November 1960
The Grange, Southover, Lewes
Telephone No:- Lewes 4282

Public Health Inspectors

W. I. Price, M.A.P.H.I.	(from 2nd April, 1941)
D. King, M.A.P.H.I.	(from 4th June, 1963)

Office Staff

A. J. Sheppard	(from 20th January, 1947)
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To the Mayor, the Chairman of the Health Committee, the Aldermen and Members of the Lewes Borough Council.

Mr. Mayor, Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Lewes Borough for 1964.

The vital statistics of the area compare very favourably with those for England and Wales although the birth rate continues to be lower than the national figure as it has been for many years.

Only 25 cases of infectious disease were notified during the year of which 9 were cases of measles (175 in 1963). However measles epidemics occur biennially and it is hoped that the present trials of a measles vaccine will prove successful and lead ultimately to a much decreased incidence of measles in the population with the added benefit of the unnecessary notification being similarly reduced. In addition 6 new cases of pulmonary tuberculosis were notified during the year and 5 inward transfers of previously notified cases were also notified.

There has been no change in the position regarding Brucellosis. The matter has been raised in Parliament on several occasions and a statement is expected from the Minister of Agriculture, Fisheries and Food at any time. However, there seems to be no urgency on the part of the Government to rid our dairy herds of this scourge. As far as the human population is concerned pasteurisation of all milk supplies would solve the problem and this measure would also protect the public from all other milk-borne infections, outbreaks of which occur from time to time in different parts of the country. The supply of raw untreated milk is a potential danger to health which can be eliminated by pasteurisation.

The East Sussex County Council as the Local Health Authority have still not reached a decision on the fluoridation of water supplied in the County area. Meanwhile children's teeth are decaying at a faster rate than need be. I can only reiterate what I have said on previous occasions. All the evidence shows that the amount of dental decay in the population can be more than halved when fluoride is present to the concentration of one part per million (1 p.p.m.) in the water supply. The benefit is first apparent in children but after a number of years these children will enter adult life with sound teeth and so the state of the nation's teeth will steadily improve. No evidence that will stand up to investigation has been produced that fluoride occurring in water in the concentration of 1 p.p.m. has any harmful effects whatsoever. Millions of people in various parts of the world are drinking water that contains fluoride in a concentration of 1 p.p.m. or more without any harmful effects but with excellent teeth. The same results are found in areas where fluoride is artificially introduced into the water supply to raise the concentration of the naturally occurring fluoride to 1 p.p.m. The state of the nation's teeth is deplorable and it is sound preventive medicine to remedy this by artificially raising the level of fluoride to the level at which teeth can benefit. In mid 1964 fluoride was being added to the water supplied to the whole or part of the areas of twelve of the one hundred and forty eight Local Health Authorities in England and Wales. The withdrawal of the case that was to have been heard against Watford Borough to test the legality of fluoridation should lead to a speeding up of the fluoridation of public water supplies throughout the country.

With the Aberdeen typhoid outbreak still fresh in mind, I should like to comment once again on the need for eternal vigilance against the ingestion diseases; that is, those diseases caused by organisms entering the body through the mouth. Methods of control are chiefly prevention of bowel to mouth infection by sanitary disposal of excreta and provision of pure food and drink. Whilst our drinking water supplies can be considered safe, the same cannot be said of our food supplies. The handling of food all too often leads to contamination with the resulting outbreaks, particularly of food poisoning and dysentery; typhoid is now normally an uncommon disease in the country. If food was handled hygienically this contamination would not occur but standards of food hygiene are sometimes deplorably low. Hand washing is essential after use of the toilet for everyone if the risk of contamination is to be reduced. If a food handler neglects this precaution he can risk the health of many people. The general public could do much more to raise the standards of food hygiene by refusing to tolerate any insanitary methods of food handling. They should complain loudly and continuously whenever cooked foodstuffs are touched by hand, whenever they are served with dirty or chipped crockery and dirty cutlery and whenever adequate toilet facilities do not exist. There is a tendency in this country to put up with existing conditions rather than to complain, but the more complaints there are about these unhygienic practices, the more the work of the public health department is helped. Your officials can only do a certain amount; it is up to the public to raise their standards. They will get the standard of service they demand.

Housing still continues to be the main problem of environmental health in the town. Some 99 new dwellings were provided during the year of which 33 were built by the Local Authority who had a further 16 flats and 29 houses under construction in December, 1964. This substantial rate of building will help to speed up the elimination of the unfit houses. A total of 15 houses were dealt with either by clearance area or closing order procedure and a further 27 houses lacking modern amenities were brought up to acceptable standards by the use of improvement grants.

In conclusion, I should like to express my appreciation to the Members of the Council for the help and support I have received from them during the year. My thanks are also due to Mr. Price and his staff for their valuable assistance, and to the other officials of the Council for their courtesy and co-operation.

I am Mr. Mayor, Mr. Chairman, Ladies
and Gentlemen,

Your obedient Servant,

J. L. COTTON,

Medical Officer of Health

SECTION I

STATISTICS FOR THE AREA

(a) GENERAL STATISTICS

Area (acres)	1,988
Population (Registrar General's estimate for mid year 1964)	13,890
Population (1931 Census)	10,993
Population (1951 Census)	13,106
Population (1961 Census)	13,637
Net increase of population during year	20
Number of occupied houses 1951	3,915
Number of occupied houses 1961	4,386
Rateable Value (1st April, 1965)	£732,560
Product of a penny rate	£2,965

(b) VITAL STATISTICS

1. Birth & Birth Rates

<u>LEWES</u> <u>BOROUGH</u>	<u>ENGLAND</u> <u>& WALES</u>
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Live Births	214	.
Live birth rate per 1,000 population (crude)	15.4	18.4
Corrected birth rate	17.6	
Illegitimate live births per cent of total live births	5.1	
Still births	7	
Still birth rate per 1,000 live and still births	31.7	16.3
Total live and still births	221	

Live births	Male	Female	Total
Legitimate	119	84	203
Illegitimate	6	5	11
	125	89	214

2. Deaths & Death Rates

Deaths	170	
Death rate per 1,000 population (crude)	13.7	11.3
Corrected death rate	12.6	
Infant deaths (deaths under 1 year)		

	Male	Female	Total
Legitimate	5	1	6
Illegitimate	-	-	-
	5	1	6

Total infant deaths per 1,000 total live births	28.0	20.0
Legitimate infant deaths per 1,000 legiti- mate live births	29.5	
Illegitimate infant deaths per 1,000 Illegitimate live births	nil	
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	18.7	13.8

Deaths & Death Rates Cont.,LEWES ENGLAND
BOROUGH & WALES

Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	18.7	
Peri-natal mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	49.8	
Maternal mortality (including abortion)		
Number of deaths	-	226
Rate per 1,000 live and still births	-	0.25

☒ In order to compare death rates and birth rates in different parts of the country, the Registrar General supplies comparability factors for every district, so as to adjust for irregularities regarding age and sex in the local population. Applying a comparability factor of 1.14 to the crude birth rate of 15.4 the adjusted rate becomes 17.6. Similarly a comparability factor of 0.92 applied to the crude death rate of 13.7 makes the adjusted rate 12.6. This is above the rate for England and Wales at 11.3.

POPULATION

The population of Lewes for the last ten years is given below:-

<u>Year</u>	<u>Population</u>	<u>Births</u>	<u>Deaths</u>	<u>Birth</u> <u>Rate</u>	<u>Adjusted</u> <u>Birth</u> <u>Rate</u>	<u>Death</u> <u>Rate</u>	<u>Adjusted</u> <u>Death</u> <u>Rate</u>
1955	13,240	165	149	12.46		11.25	
1956	13,270	172	151	12.96		11.38	
1957	13,290	172	143	12.94		10.76	
1958	13,510	195	179	14.43		13.25	
1959	13,620	173	142	12.70		10.42	
1960	13,740	182	112	13.2	14.4	11.9	10.9
1961	13,690	206	149	15.1	16.5	10.9	9.9
1962	13,810	192	166	13.9	15.2	12.0	10.8
1963	13,870	200	191	14.4	16.4	13.8	12.7
1964	13,890	214	170	15.4	17.6	13.7	12.6

The population figure has shown an increase of 20 from the figure 13,870 for 1963.

MATERNAL MORTALITY

No case of maternal mortality occurred in Lewes during 1964. Only one maternal death of a Lewes resident has occurred in the past twenty years, during which period 3,963 births took place. This gives a death rate for the twenty year period of 0.25 per 1,000 births.

INFANTILE MORTALITY

During the past year, six infants under one year of age died in Lewes. This represents an infantile mortality rate of 28.0 per 1,000 live births. The rate for the same period for England and Wales was 20.0. None of these deaths occurred amongst the eleven illegitimate births. Last year there were no deaths in twelve illegitimate births.

BIRTH RATE

The crude birth rate for the year under review was 15.4 per 1,000 population. This figure is higher than the rate for 1963, but does not call for any comment. Applying the area comparability factor of 1.14 the adjusted birth rate becomes 17.6, which is lower than the rate for England and Wales at 18.4.

DEATH RATE

The crude death rate for Lewes for 1964 was 13.7 per 1,000 population. This figure is slightly lower than the rate for 1963 of 13.8. Applying the area comparability factor of 0.92, the adjusted rate becomes 12.6 which is more than the rate for England and Wales at 11.3.

The average age at death was 67.9 years
The highest age at death was 99 years
The lowest age at death was 4 hours

SPECIFIC CAUSES OF DEATH

		<u>% of deaths</u>
(1) Diseases of the heart and circulatory system	66	38.8
(Coronary disease accounted for)	27	15.9
(2) Cancer (all sites)	37	21.8
(cancer of the lung or bronchus accounted for)	7	4.1

NATIONAL ASSISTANCE ACT 1948

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

It was not necessary to take action under Section 47 of the above Act which gives the Council power to remove to suitable premises persons who are not able to devote to themselves, and are not receiving from other persons adequate care and attention.

Cause of Death	Sex	Total Under 4 Weeks											
		all Ages	4 Weeks	& Under 1 Year	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
Tuberculosis	M	1	-	-	-	-	-	-	-	-	1	-	-
- Respiratory	F	1	-	-	-	-	-	-	-	-	-	-	1
Other Infective & Parasitic Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Malignant Neoplasm	M	1	-	-	-	-	-	-	-	-	-	1	-
- Stomach	F	4	-	-	-	-	-	-	-	-	-	1	3
Malignant Neoplasm	M	5	-	-	-	-	-	-	-	-	2	2	1
- Lung, Bronchus	F	2	-	-	-	-	-	-	-	1	-	1	-
Malignant Neoplasm	M	-	-	-	-	-	-	-	-	-	-	-	-
- Breast	F	5	-	-	-	-	-	-	-	-	2	2	1
Malignant Neoplasm													
- Uterus	F	1	-	-	-	-	-	-	-	-	1	-	-
Other Malignant & Lymphatic Neoplasms	M	9	-	-	1	-	-	-	1	1	-	2	4
	F	9	-	-	-	-	-	1	-	1	3	1	3
Leukemia,	M	-	-	-	-	-	-	-	-	-	-	-	-
Aloukemia	F	1	-	-	-	-	-	-	-	-	1	-	-
Diabetes	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Vascular Lesions of Nervous System	M	8	-	-	-	-	-	-	-	-	1	3	4
	F	14	-	-	-	-	-	-	-	2	3	4	5
Coronary Disease	M	15	-	-	-	-	-	-	-	2	3	5	5
- Angina	F	12	-	-	-	-	-	-	-	-	-	5	7
Hypertension with Heart Disease	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	2	-	-	-	-	-	-	-	-	-	1	1
Other Heart Disease	M	9	-	-	-	-	-	-	-	1	4	-	7
	F	20	-	-	-	-	-	-	-	-	1	2	17
Other Circulatory Disease	M	3	-	-	-	-	-	-	-	-	-	1	2
	F	3	-	-	-	-	-	-	-	1	1	1	-
Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Pneumonia	M	5	1	2	-	-	-	-	-	-	-	-	2
	F	6	-	-	-	-	-	-	1	1	-	-	4
Bronchitis	M	3	-	-	-	-	-	-	-	-	1	1	1
	F	2	-	-	-	-	-	-	-	-	-	1	1
Other Defined & ill- Defined Diseases	M	4	2	-	1	-	-	-	-	1	-	-	-
	F	9	1	-	-	-	-	1	-	-	1	3	3
Motor Vehicle Accidents	M	3	-	-	-	-	1	-	-	1	-	1	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
All Other Accidents	M	3	-	-	1	-	-	-	-	1	-	-	1
	F	1	-	-	-	-	-	-	-	-	1	-	-
Suicide	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	2	-	-	-	-	-	-	-	-	2	-	-
<u>TOTAL ALL CAUSES</u>	M	72	3	2	3	-	1	-	1	7	10	17	28
	F	98	1	-	-	-	-	2	1	6	16	24	48

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. PUBLIC HEALTH FACILITIES OF THE LOCAL AUTHORITY

During the period under review the Medical Officer of Health for the Borough of Lewes also acted as Medical Officer of Health for the Urban Districts of Newhaven and Seaford and the Rural District of Chailey. The East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, provides an efficient means of administering the Joint Appointment.

One Chief Public Health Inspector and an Assistant Public Health Inspector carried out duties in the Borough during 1964.

2. LABORATORY FACILITIES

These are provided by the Public Health Laboratory at the Royal Sussex County Hospital, Brighton.

3. AMBULANCE FACILITIES

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses three ambulances and a dual purpose sitting vehicle at the St. John Headquarters, Timberyard Lane, Lewes. During 1964 these vehicles were available for the conveyance of both infectious and non-infectious cases, and arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. The vehicles are staffed by members of the St. John Ambulance Brigade, and are serviced, as necessary, by the drivers, or by a commercial garage. If a further call is received while all vehicles are out on duty, arrangements are in being for the call to be dealt with by other depots in the area. This procedure is now simplified owing to the fact that the ambulance service is under radio control.

4. NURSING IN THE HOME

As in previous years the East Sussex County Council, as empowered by Section 25 of the National Health Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

5. CLINICS AND TREATMENT CENTRES

Description and Situation	Day and Time of Attendance	By whom provided
Infant Welfare Centre, Castlegate House, LEWES	Every Tuesday Afternoon 2 - 4	East Sussex County Council
Chest Clinic, Victoria Hospital, LEWES.	By appointment. Mondays 2 p.m. Wednesdays 9.15 a.m. Friday 11.15 a.m. once a month	Regional Hospital Board

5. CLINICS AND TREATMENT CENTRES (Continued)

Orthopaedic Clinic, Y.M.C.A., LEWES	Wednesdays & Fridays 9.30 a.m. to 12.30 p.m.; By appointment	Regional Hospital Board
Artificial Pneumothorax, Victoria Hospital, LEWES.	Friday mornings 11.0 onwards Women first	Regional Hospital Board
Minor Ailment Clinic, Castlegate House, LEWES.	Monday to Friday 9 a.m. to 10 a.m.	East Sussex County Council
Dental Clinic, Castlegate House, LEWES.	Monday to Friday and Saturday mornings by appointment	East Sussex County Council
Psychiatric Clinic, Victoria Hospital, LEWES.	Tuesday from 2.30 p.m. onwards	Regional Hospital Board

6. HOSPITALS

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

7. PROVISION FOR DEALING WITH THE NEEDS OF THE MENTALLY DISORDERED

As empowered by the Mental Health Act, 1959, the East Sussex County Council makes provision for dealing with the needs of the mentally disordered. Care in psychiatric hospitals is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY

With the exception of a few private wells, which are used for trade purposes, the water supply is derived from the Brighton Corporation Waterworks, which are situated at the south-west end of the Borough.

The water is pumped from the well into four covered distributing reservoirs, namely Jubilee Park, Race Hill (2), and Western Road.

The supply is constant, of good quality, and sufficient for the needs of the community.

Brighton Corporation Water Department has taken a daily sample from consumer's premises for bacteriological examination, a fortnightly sample from the reservoirs for bacteriological and abbreviated chemical examination, and from the Southover Pumping station weekly samples of the water before treatment, for bacteriological and abbreviated chemical examination, and after treatment for bacteriological examination, and monthly for complete chemical and mineralogy examination.

The following is a copy of the results of analysis of a sample of water taken at the Southover Pumping Station:-

Brighton Corporation Waterworks. Sample Ref. No. Q.2612
Results of Examination of Sample of Water from Southover
Pumping Station. Chlorinated Water. Taken by E. Welham
on 10th July, 1964.

Bacteriological Examination

Bacteria. Colonies per ml.	MPN/100 ml.
Nutrient Agar at 20°C. 3 days 2	Coliforms 0
Nutrient Agar at 37°C. 1 day 0	E. Coli. 0

Physical Characters

Colour (Hazen)	3
Turbidity	Clear
Taste	Normal
Odour	Nil

Chemical Analysis (Expressed in mgm. per Litre)

pH.	7.4
Alkalinity (CaCO ₃)	193.0
Chlorides (Cl)	23.4
Ammoniacal Nitrogen (N)	Nil
Albuminoid Nitrogen (N)	0.037
Nitrite Nitrogen (N)	Nil
Oxidised Nitrogen (N)	5.15
Oxygen Absorbed (3 hr. at 27°C.)	0.16
Temporary Hardness (CaCO ₃)	193.0
Permanent Hardness (")	19.0
Total Hardness (")	212.0
Total Solids (dried at 180°C.)	313.0
Free CO ₂	
Silica (SiO ₂)	8.0
Calcium (Ca)	81.2
Magnesium (Mg.)	2.2
Sodium (Na)	13.1

Potassium (K)	. . . . .	1.0
Sulphate (SO ₄)	. . . . .	10.7
Total Iron (Fe)	. . . . .
Manganese (Mn)	. . . . .
Conductivity (u mho)	. . . . .	.430
Residual Cl ₂	. . . . .	0.12/Nil

Remarks

Probable Combination of Mineral Constituents

CaCO ₃	193.0	mgm/lt.
CaSO ₄	13.6	" "
MgSO ₄	1.4	" "
MgCl ₂	7.4	" "
NaCl	29.5	" "
NaNO ₃	31.2	" "
SiO ₂	8.0	" "
Total	284.1	" "

No form of contamination of the supply has occurred during the year, and, as the water is not liable to plumbo-solvent action, it has not been necessary to take any action against this.

All dwelling houses in the Borough have a direct piped supply from the public water main, with the exception of 21 houses on the Cuilfail Estate which receive their piped supply via two private reservoirs which are supplied from the public water main.

2. SEWERAGE AND SEWAGE DISPOSAL

Water carriage system; 33 houses only being connected to cess-pools or septic tank systems.

The sewerage system provides for the converging of all sewers into the Sewage Disposal Works at Southeram, where the effluent, after the passing of the sewage through a detritus chamber, screens, and sedimentation tanks, is stored in reservoirs until it is discharged into the River Ouse at suitable states of the tide. These arrangements are reasonably adequate at the present time.

3. REFUSE COLLECTION AND DISPOSAL

The collection of house refuse is carried out once weekly over the whole district, and trade refuse more often where requested.

Disposal was effected by controlled tipping on low-lying land at Mallig Brooks.

4. SANITARY INSPECTION

Houses and Premises inspected	. . . . .	442
Complaints attended to	. . . . .	82
Visits to Milkshops and Dairies	. . . . .	12
Visits to Food Shops	. . . . .	134
Visits to Bakeries	. . . . .	3
Visits to Cafes, Restaurants, and Hotels	. . . . .	79
Visits to Hairdressers Establishments	. . . . .	16
Visits to Cinemas	. . . . .	4

Visits to Swimming Baths	7
Visits to Pet Shops	3
Visits to Knacker Yard	13
Visits re Sickness	11
Inspection of verminous houses	17
Visits under the Petroleum Act	32
Visits under the Rent Act	6
Visits under the Factories Act	45
Visits under the Shops Act	25
Visits under the Offices, Shops and Railway Premises Act	97
Visits under the Clean Air Act	4
Visits re Drainage	184
Visits for sundry purposes	606
Visits for re-inspections	241

5. HOUSING

(a) New Dwellings

99 new dwellings were provided during the year, 66 by private enterprise and 33 by the Local Authority.

(b) Slum Clearance

The St. Pancras Gardens Compulsory Purchase Order, which affected 5 houses, was confirmed by the Minister of Housing and Local Government. Closing Orders were made on 10 unfit houses.

(c) Houses made fit

9 houses were made fit following formal action by the Council and 30 after informal action.

(d) Improvement Grants

17 Standard Grants and 10 Discretionary Grants were made for the improvement of houses during the year.

(e) Certificates of Disrepair

No applications were received for Certificates of Disrepair.

(f) Common Lodging Houses

There are no registered common lodging houses within the Borough.

6. INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply

The whole of the milk retailed within the Borough is of a designated supply, by far the greater being "Pasteurised", with only very small quantities of "Untreated" or "Sterilised" being sold.

The number of retail purveyors is 19, and there is one registered cowkeeper.

Four samples were submitted to the Public Health Laboratory Service for biological examination, all of which were found to be satisfactory.

(b) Ice-cream

There are 41 premises registered for the sale of ice-cream, and none for manufacture.

(c) Meat

There are no licensed slaughterhouses within the Borough. The greater part of the home-killed meat retailed is slaughtered at Brighton Abattoir.

(d) Food Premises

The categories of food premises according to trade are:-

Bakers' Shops	-	8
Bakeries	-	1
Butchers' Shops	-	12
Canteens	-	12
Cooked Meat Shops	-	2
Confectioners' Shops		20
Dairies	-	7
Fishmongers' Shops	-	3
Fried Fish Shops	-	4
Greengrocers' Shops		34
Restaurants and Cafes		20
Hotels	-	3
Public Houses	-	27

Premises registered under Section 16, Food and Drugs Act, 1955, are:-

Sale of ice-cream	-	41
Manufacture of Sausages		13
Fish Frying	-	4

Inspections of the various food premises revealed 12 premises in which there were contraventions of the Food Hygiene Regulations. These were all remedied following informal notices.

(e) Unsound Food

The following summary shows food which was found on examination to be unfit for human consumption and was voluntarily surrendered by the owners for destruction:-

Beef	-	43 lbs.
Fish	-	42 "
Canned Ham	-	129 "
" Corned Beef	-	43 "
" Chopped Pork		16 "
" Fruit	-	72 tins
" Vegetables	-	65 "
" Fish	-	22 "
" Milk	-	23 "
" Meat	-	7 "
" Jam	-	4 "
Assorted frozen Foods		109 packets

Disposal of the unsound food was:-

Meat	- to Fat and Bone Merchants
Fish	- to Pig Keepers for swill
Canned goods	- for burial at the Refuse Tip

7. RODENT CONTROL

In addition to dealing with individual complaints of rat or mice infested premises, regular inspections and surveys were made of premises and land which had a previous record of infestation.

The Council's refuse tip was kept under close supervision and treatments were carried out as and when found necessary.

The number of visits made to premises under the Prevention of Damage by Pests Act, was 993, and the number of infestations found and cleared was 79.

8. OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act, which requires the registration of all offices and shop premises with the Local Authority, came into force during the year. The provisions are concerned with the health, safety and welfare of employees in such premises.

245 premises were registered by the end of the year, and 97 visits have been paid in connection with the Act.

9. SWIMMING BATHS

The Council's open air swimming bath at The Pells is 150 feet by 75 feet, with a depth ranging from 2 feet to 5 feet, and a capacity of 200,000 gallons.

The bath is emptied, cleansed, and refilled at six-weekly intervals and in addition approximately one-seventh of the volume of water is changed daily by pumping from the borehole.

The continuous circulation and chlorination plant, with an output of 36,000 gallons per hour, maintained the water in a very satisfactory bacteriological condition.

10. PETROLEUM ACT

35 licences were issued for the storage of petroleum spirit. The total quantity permitted to be kept under licence was 64,680 gallons. Fees received in respect of licences amounted to £29 10s. 0d.

11. FACTORIES ACT

There are 28 factories in the Borough in which sections 1,2,3,4 and 6 of the Act are to be enforced by the Council. During the year 16 inspections were carried out in this class of factory. One defect concerning want of cleanliness was remedied.

Under Section 7 of the Act, there are 70 factories on the register. 47 inspections were carried out at these premises and 2 defects concerning sanitary accommodation were remedied.

7 visits were also made to other premises to which the Act applied.

5 persons are employed as Outworkers making or repairing wearing apparel; no instance of work in unwholesome premises was found.

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES

A total of 25 cases of infectious disease were notified in Lewes in 1964. The details are as follows:-

DISEASE	NUMBER OF CASES	CASES ADMITTED TO HOSPITAL	DEATHS
Measles	9	-	-
Pneumonia	6	-	-
Whooping Cough	9	-	-
Food Poisoning	1	-	-
TOTAL	25	-	-

FOOD POISONING

One case of food poisoning occurred in Lewes in November 1964. The case was not severe and was due to a Salmonella infection.

None of the other infectious diseases which occurred during the year call for any special comment.

The following figures relating to Vaccination and Immunisation are supplied by the East Sussex County Council.

DIPHTHERIA IMMUNISATION

	Children born in years:-							
	1964	1963	1962	1961	1960	1955 1959	1950 1954	Total
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA DURING 1964	93	120	17	1	3	4	15	253
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION DURING 1964	-	51	102	5	7	209	277	651

Since immunisation was first introduced there has been a persistent and dramatic fall in the number of cases of diphtheria and also in the number of deaths from diphtheria. This fall continued until a year or two ago but since that time several locally severe outbreaks of diphtheria have occurred. I cannot urge parents too strongly to ensure that their children are protected against this disease since almost all the cases and deaths occur amongst non-immunised children. It has become all too common to regard diphtheria as a dying disease and to think that because it is no longer prevalent, there is no need to have children immunised. This is a very dangerous practice and every child should be immunised during infancy and again at the start of school life.

WHOOPING COUGH IMMUNISATION

	YEAR OF BIRTH							Total
	1964	1963	1962	1961	1960	1955 1959	1950 1954	
NUMBER OF CHILDREN WHO HAVE COMPLETED A PRIMARY COURSE (normally three injections) OF PERTUSSIS VACCINE (singly or in combination) IN THE AUTHORITY'S AREA DURING THE YEAR 1964	90	117	17	-	1	1	-	226

VACCINATION AGAINST SMALLPOX

The following persons were vaccinated or revaccinated against smallpox in 1964.

AGE AT DATE OF VACCINATION	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5-14 years	15yrs or over	TOTAL
NUMBER VACCINATED	1	-	-	5	63	16	3	4	92
NUMBER REVACCINATED	-	-	-	-	-	6	22	80	108

During and since the recent outbreaks of smallpox a lot of confusion has been caused to the general population by the arguments for and against smallpox vaccination. The Ministry of Health have now issued a Memorandum on Vaccination against Smallpox. The salient features are as follows:-

A. Routine Primary Vaccination in Early Childhood

(1) Optimum Age - Routine primary vaccination is not now recommended in the first few weeks of life but should be done before the age of 2 years, preferably during the second year.

(2) Contra-indications -

- (a) exposure to infectious disease
- (b) septic skin conditions
- (c) infantile eczema or any other allergic condition - these are absolute contra-indications to routine primary vaccination
- (d) hypogammaglobulinaemia
- (e) cortico-steroid treatment
- (f) failure to thrive

B. Routine Primary Vaccination at Later Ages

(1) Although at any age the risk of serious complications following vaccination is much smaller than the risk of death run by those exposed to smallpox while unvaccinated, primary vaccination is not advised as a routine after early childhood. But, if not performed in early childhood, primary vaccination at a later age may eventually become necessary e.g. when serving with the armed forces, as a condition of employment and before undertaking foreign travel.

(2) Contra-indications. Consideration must be given to -

- (a) septic skin conditions
- (b) a history of or the presence of eczema
- (c) hypogammaglobulinaemia
- (d) cortico-steroid treatment. It is not considered wise to vaccinate routinely patients who are receiving systemic cortico-steroid treatment.
- (e) early pregnancy. On general principles it is desirable to avoid the use of a live vaccine during the first trimester of pregnancy.

C. Vaccination in the presence of Smallpox

The object is, by primary vaccination or revaccination as soon after exposure or, at most, within three days, to enable the individual to gain immunity to smallpox within the normal incubation period of that disease. In the presence of suspected smallpox there are no absolute contra-indications to the immediate vaccination or re-vaccination of all close contacts.

SECTION V

TUBERCULOSIS

In 1964, six new cases of pulmonary tuberculosis were notified amongst Lewes residents. Of these, one, an old lady of 78, died soon after notification. In addition there were five inward transfers of pulmonary tuberculosis and one of non-pulmonary tuberculosis from other districts. There were two deaths from tuberculosis during the year.

	NEW CASES AND MORTALITY 1964							
	NEW CASES				DEATHS			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
	-	-	-	-	-	-	-	-
Under 1 year	-	-	-	-	-	-	-	-
1 - 4	-	-	-	-	-	-	-	-
5 - 14	-	-	-	-	-	-	-	-
15 - 24	-	1 new	-	-	-	-	-	-
25 - 34	-	1 t.i.	1 t.i.	-	-	-	-	-
35 - 44	1 t.i.	1 new 1 t.i. (Rec.)	-	-	-	-	-	-
45 - 54	2 new 1 t.i.	1 t.i.	-	-	-	-	-	-
55 - 64	-	-	-	-	1	-	-	-
Over 65	-	2 new (1 died)	-	-	-	1	-	-
TOTALS	4	7	-	-	1	1	-	-

t.i. = Transfer inward Rec. = Recovered

The incidence of 11 cases of pulmonary tuberculosis notified in 1964 is 0.79 per 1,000 population. If the inward transfers are excluded, the six new cases arising in Lewes give an incidence rate of 0.43 per 1,000 population.

NUMBER OF CASES ON THE REGISTER AT 31st, DECEMBER, 1964

Pulmonary		Non-Pulmonary		TOTAL
Males	Females	Males	Females	
58	48	11	5	122
Whereas at 31st December, 1963, the number of cases on the register was				
59	50	10	8	127

